

10/549463

J005 Rec'd PCT/PTO 14 SEP 2005

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: ROTATABLE AND ARTICULATED
MATERIAL HANDLING APPARATUS
Attorney Docket Number:: 061300-0843
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 4
Total Drawing Sheets:: 6
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Zhendong (Mike)
Family Name:: Zhou
City of Residence:: Mequon
State or Province of Residence:: WI
Country of Residence:: US
Street of mailing address:: 7921 West Rolling Field Drive
City of mailing address:: Mequon

State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53097

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: Yanacek
City of Residence:: Oshkosh
State or Province of Residence:: WI
Country of Residence:: US
Street of mailing address:: 356 West 19th Avenue
City of mailing address:: Oshkosh
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 54902

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jon
Family Name:: Morrow
City of Residence:: Neenah
State or Province of Residence:: WI
Country of Residence:: US
Street of mailing address:: 1224 Kampo Court
City of mailing address:: Neenah
State or Province of mailing address:: WI

Postal or Zip Code of mailing address:: 54956

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Family Name:: Gullickson
City of Residence:: Kaukauna
State or Province of Residence:: WI
Country of Residence:: US
Street of mailing address:: 2402 Sullivan Avenue
City of mailing address:: Kaukauna
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 54130

Correspondence Information

Correspondence Customer Number:: 26371
E-Mail address:: PTOMailMilwaukee@foley.com

Representative Information

Representative Customer Number::	26371	
---	-------	--

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/008080	03/17/2004
This Application	An application claiming the benefit under 35 USC 119(e)	60/455,149	03/17/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Oshkosh Truck Corporation